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Date: January 13, 2004

Suzanne McHugh
Suzanne McHugh

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

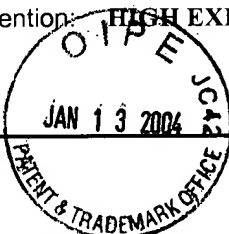
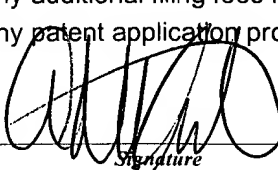
In Re Application of:)
)
Inventor: Prasad)
Serial No.: 09/927,940) Group Art Unit: 1742
Filed: August 10, 2001)
) Examiner: Harry D. Wilkins, III
For: HIGH EXPANSION DENTAL)
ALLOYS)

RESPONSE E

Mail Stop AF
Commissioner of Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Please enter the following remarks with respect to the above-identified application in response to the Official Action mailed December 31, 2003.

AMENDMENT TRANSMITTAL LETTER (Small Entity)			Docket No. JPP-1260A-NP		
Applicant(s): ARUN PRASAD					
Serial No. 09/927,940	Filing Date 08/10/2001	Examiner HARRY D. WILKINS, III	Group Art Unit 1742		
Invention: HIGH EXPANSION DENTAL ALLOYS					
 TO THE COMMISSIONER FOR PATENTS:					
Transmitted herewith is an amendment in the above-identified application.					
<input checked="" type="checkbox"/> Small Entity status of this application has been established under 37 CFR 1.27 by a verified statement previously submitted.					
<input type="checkbox"/> A verified statement to establish Small Entity status under 37 FR 1.27 is enclosed.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	13 -	20 =	0 x	\$9.00	\$0.00
INDEP. CLAIMS	2 -	3 =	0 x	\$42.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<input checked="" type="checkbox"/> No additional fee is required for amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____					
<input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-0718					
<input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.					
<input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
 _____ <i>Signature</i>			Dated: January 13, 2004		
ANN M. KNAB REG. NO. 33, 331 CUSTOMER NO. 34214			I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.		
			<i>Signature of Person Mailing Correspondence</i>		
CC:			<i>Typed or Printed Name of Person Mailing Correspondence</i>		